

Summary: Ethics for Lunch, 21 December 2021

The Role of the Faith Leaders in Decision Making of the Terminally Ill

Facilitator: Chaplain Ty Crowe

Panelists: Rabbi Naftoli Rabinowitz, Dr. Sean Love, Ms. Ashly Nealon RN, and Rev. Tamekia Milton

The December Ethics for Lunch focused on patients who depend heavily on their faith leader for both support and specific guidance during their hospitalization. The panel responded to a case that highlighted a patient's spouse seeking input from their faith leader and the faith leader giving specific recommendations that appeared to cause stress for the spouse as well as the medical team. The case became more complex when the patient's health began to decline and move towards end of life measures.

Initial questions posed by this session included:

- How do faith leaders guide families whose loved one is nearing the end of life? Is it appropriate for faith leaders to advise families to pursue full code knowing that the outcomes/ burdens may be greater than the benefits?
- What are the ethical considerations and legal limitations in allowing a faith leader who is geographically distant to make decisions if they are not familiar with the laws of the land?
- Is it ethical to defer the decision making to faith leaders in place of the legally authorized decision maker from the family? If the family member retains ultimate decision-making authority, is it appropriate for the care team to speak directly with the faith leader?

In addition, some conversation was shared around the overall challenges of providing spiritual care when a patient's faith leader is highly involved and not actively communicating with the spiritual care team of the hospital.

The panelists urged attendees to reflect upon the various ways the medical team interacts with families who are under significant stress and are coping primarily through their faith. Specific coping mechanisms will vary across faith traditions. In this session, EFL attendees learned about the Orthodox Jewish views of end of life and the role of a family's Rabbi, as well as the Jewish Chaplain (and other chaplains) in our hospital.

Recommendations

- Chaplains can be helpful consultants when working with highly religious families.
- Highly religious families may reject spiritual support from hospital chaplains but that does not mean that hospital chaplains should not be involved.
- Chaplains often offer the support and consultation needed for the medical team, providing essential information that is key to understanding a family's perceptions and ways of coping with stress and grief.
- In the Jewish (Orthodox) view, aggressive end of life measures are not always preferred, as long as death is not being hastened or sought after hastily. A change in code status due to health decline is allowable.

- Medical teams often have negative emotional reactions to families who select a full code status, even after receiving grave medical information and the medical team's recommendation to move towards end-of-life care.
- The role of the faith community is viewed by families as a bridge between family and medical teams. In light of clergy who are not physically present (or are at a large geographic distance), families may rely even more on clergy to guide them.
- It may be important for a medical team to highlight that the family (and not the religious leader) has the decision-making power. It may be equally important to highlight the importance of the family's faith in making end-of-life decisions.

References:

1. Clinebell H. *Basic Types of Pastoral Care & Counseling: Resources for the Ministry of Healing & Growth* (Nashville: Abingdon Press, 1984).
2. Fitchett G. *Assessing Spiritual Needs: A Guide for Care Givers*. (Academic Renewal Press, 2012).
3. LaRocca-Pitts M. FACT, A chaplain's tool for assessing spiritual needs in an acute care setting. *Chaplaincy Today, e-journal of Association of Professional Chaplains*. Spring/Summer 2012;28(1), 25-32.
4. Puchalski CM. Spirituality and end-of-life care: a time for listening and caring. *J Pall Med*. 2002;5(2): 289-294